

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

CITIZENS for a Safe and Prosperous America(b) Address (number and street) ☐ check if different than previously reported30011 Ivy GLENN DR., Ste 223

(c) City, State and ZIP Code

LAGUNA NIGUEL, CA 92677

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**04 23 2008

through

04 24 2008**5. (a) Date of Public Distribution(s)**04 24 2008

(b) Communication Title

Heads you Lose,
Tails you Lose**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**

Yes

No ☒**8. Custodian of Records**

(a) Name

BARRETT GARCIA

(b) Address (number and street)

32302 CAMINO CAPISTRANO #214

(c) City, State and ZIP Code

SAN JUAN CAPISTRANO, CA 92675

(d) Name of Employer or Principal Place of Business

(e) Occupation

SELF-EMPLOYEDACCOUNTANT**9. Total Donations This Statement**11,000.00**10. Total Disbursements/Obligations This Statement**10,764.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

BARRETT GARCIA

SIGNATURE

Barrett Garcia

DATE

4-24-08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)